A single competency framework for all prescribers

This single prescribing competency framework replaces all previous profession specific competency frameworks published by the National Prescribing Centre

Contents

1. Who prescribes?

Doctors, dentists and a defined range of other healthcare professionals (referred to collectively as non-medical prescribers - see glossary) are able to prescribe.

Non-medical prescribers

Non-medical prescribers need to be experienced practitioners before they undertake the education programme necessary to become prescribers. After successful completion of an approved education programme, nurses, pharmacists and optometrists can become *independent* and/or *supplementary* prescribers (see glossary), whilst radiographers, physiotherapists and podiatrists can become supplementary prescribers. Legislative changes would be required before other health care professions could become prescribers. The Department of Health has recently consulted on proposals to allow physiotherapists and podiatrists to become independent prescribers (DH 2011).

All non-medical prescribing is underpinned by legislation and regulatory standards. Accordingly, all non-medical prescribers must record their qualification with their professional regulator (see glossary) and have a responsibility to remain up to date with the knowledge and skills that enable them to prescribe competently and safely.

Medical prescribers

Doctors are able to prescribe on registration, subject to the standards for supervision for doctors in training set out in *The Trainee Doctor (GMC 2011)*. Prescribing is included as a component of the undergraduate programme, and the importance of undergraduate training in prescribing is reflected in aspects of the General Medical Council's (GMC's) *Tomorrows' Doctors (GMC 2009)*. The GMC has also published supplementary guidance *Good Practice in Prescribing Medicines (GMC 2008)*. Competencies in safe prescribing are part of the curriculum for the post graduate Foundation Programme, where satisfactory demonstration of the learning outcomes is required to complete the programme and gain full registration with the GMC.

The framework complements and is consistent with the requirements of the General Medical Council and the proposed Prescribing Skills Assessment.

While the impact of recent initiatives cannot yet be known, evidence of poor prescribing practice (Doran 2010) in acute care and the work of the Medical Schools Council (MSC 2007) emphasises the importance of effective prescribing. The Medical Schools Council and the British Pharmacological Society are developing a Prescribing Skills Assessment (PSA) based on the requirements of Tomorrow's Doctors (GMC 2009). The PSA will allow medical students to demonstrate their competencies in relation to the safe and effective use of medicines (MSC web).

Dentists

Dentists have pharmacology and prescribing taught as a component of the dental undergraduate curriculum. They are able to prescribe on registration with the General Dental Council, which has prescribing components in its *Learning Outcomes for Registration (GDC 2011)*.

2. What is a prescribing competency framework?

A competency is a quality or characteristic of a person that is related to effective performance. Competencies can be described as a combination of knowledge, skills, motives and personal traits. Competencies help individuals and their organisations look at how they do their jobs.

A competency framework is a collection of competencies thought to be central to effective performance. Development of competencies should help individuals to continually improve their performance and to work more effectively (Whiddett 1999).

If acquired and maintained, the prescribing competencies in this framework, should help healthcare professionals to be safe effective prescribers. The prescribing competency framework underpins a prescriber's personal responsibility for prescribing.

3. Why a single competency framework?

The NPC has previously published prescribing competency frameworks for each of the non-medical prescribing professions. Whilst the previous NPC competency frameworks were published on a profession specific basis, the development processes consistently utilised multidisciplinary expertise. Over time it became clear that **a common set of competencies underpin prescribing regardless of professional background**. This is supported by international approaches being taken to the development of prescribing competencies (NPS web 2012).

The single competency framework provides an outline of common prescribing competencies that, if acquired and maintained, can help all prescribers to become and remain effective prescribers in their area of practice.

For supplementary prescribers there are several modifications and additions to the framework related to the nature of the supplementary prescribing partnership arrangements. These can be found in **appendix 1**.

This framework consolidates the existing profession specific prescribing frameworks and updates the competencies in order to provide a single common framework for any prescriber regardless of professional background.

4. Uses of the framework

The prescribing competency framework can be used by any prescriber at any point in their career. It can also be used by regulators, education providers, professional organisations and specialist groups to inform standards, the development of education, and to inform guidance and advice.

The competency framework can be used by prescribers to help them remain competent in their scope of practice.

Uses of the framework include:

1. Inform education curricula and relevant accreditation of prescribing programmes.

2. Inform the design and delivery of education programmes, for example through validation of educational sessions (including rationale for need), and as a framework to structure learning and assessment.

3. Help healthcare professionals prepare to prescribe and provide the basis for on-going continuing education and development programmes, and revalidation processes. For example for use as a framework for a portfolio to demonstrate competency in prescribing.

4. Help prescribers identify strengths and areas for development through self-assessment (see Box 1), appraisal and as a way of structuring feedback from colleagues.

5. Provide professional organisations or specialist groups with a basis for the development of levels of prescribing competency, for example, from recently qualified prescriber through to advanced prescriber.

6. Stimulate discussions around prescribing competencies and multidisciplinary skill mix at an organisational level.

7. Inform organisational recruitment processes to help frame questions and benchmark candidates' prescribing experience.

8. Inform the development of organisational systems and processes that support safe effective prescribing, for example, local clinical governance frameworks.

Box 1: Tips on using the competency framework to identify strengths and development areas

1. Before reviewing the competency framework take some time to think about the following questions. This can be done alone or with relevant colleagues.

- In your view, what are the most important behaviours and skills that prescribers use, and need to maintain, to be good prescribers? Why?

- Reflect on a recent 'prescribing' encounter that you had with a patient that you felt did not go well, or resulted in an error — what happened? How might it have been prevented?

- Reflect on a recent 'prescribing' encounter that you had with a patient that you felt went well — what happened?

2. Approach the framework one competency at a time to keep it manageable. There may be overlap between the different sections.

3. All competencies will be relevant to all prescribers however some of the supporting statements may be more relevant to some prescribers than others. Spend some time thinking about how the statements apply to your individual prescribing context.

Download a blank version of the framework in **Word** format to use as a template with space for notes and actions.

5. About this project

In 2011 the National Prescribing Centre (NPC) was asked by the Department of Health to produce a single competency framework for all prescribers. In April 2011 the NPC integrated into the National Institute for Health and Clinical Excellence (NICE). However, the framework does not constitute formal NICE guidance.

6. Methodology

The National Prescribing Centre has previously published profession specific independent and supplementary prescribing competency frameworks for nurses (NPC 2001, NPC 2003a), pharmacists (NPC 2003b, NPC 2006) and optometrists (NPC 2004a). A supplementary prescribing competency framework for the allied health professionals who can prescribe was also published (NPC 2004b). All the prescribing competency frameworks were developed using a consistent methodology for the development of competency frameworks derived from the use of competencies to improve performance in the workplace (Whiddett 1999). This methodology has been used as the basis for other health competency frameworks (CODEG web, NPC 2007).

The competency frameworks for nurses and midwives, pharmacists and allied health professionals were commissioned by the Department of Health and the optometrist framework by the General Optical Council to support the introduction and development of 'non-medical' prescribing. They have been applied extensively in practice over the last decade, for example, to underpin curricula development, as part of approved education programmes and to facilitate continuing professional development.

Cumulative development experience, which included medical prescribers throughout and was consistently multidisciplinary, indicated that, regardless of professional background, there is a common set of prescribing competencies. The approach taken to produce this single prescribing competency framework was therefore one of consolidation and updating.

The single competency framework will be used by a range of healthcare professions. An external reference group comprising regulators, professional organisations and other relevant stakeholder groups was constituted to help inform the development of the updated framework, and to raise awareness about the availability of the updated framework. See **appendix 2** for external reference group membership.

A literature review was undertaken to identify key evidence relating to competency and good practice in prescribing since the publication of the initial competency frameworks for non-medical prescribers. The literature review identified potential omissions and modifications for language and context.

The three existing frameworks were consolidated into a single framework by a sub-group of the project steering group. The sub-group highlighted differences and where they existed made a recommendation about the statement to include. The sub-group did not update, make additions or delete statements. The proposed consolidation was then reviewed by the steering group and changes agreed. See **appendix 2** for steering group membership.

The steering group, which has representation from all the professions able to prescribe independently, then used a consensus process to review the consolidated framework. Each potential omission identified by the literature review was discussed until a consensus was reached about whether a modification of an existing statement was necessary or a new statement should be included. In addition the group discussed each individual statement to reach a consensus about:

- Amendments for clarity, language improvements, multi-professional focus (whilst keeping the essence of the statements)
- Potential deletions where statements were too profession specific
- Improvements to the structure of the framework

A group of existing prescribers from across the professional groups validated the framework together in a focus group setting. The prescribers were not given the competency framework ahead of time but were sent reflective questions to remind them of their experiences good and bad so that they could on the day apply their experiences to the framework. The prescribers were asked in mixed multidisciplinary groups that included patient/lay representatives to identify, after a period of structured reflection, from their perspectives and experiences the competencies needed for effective prescribing. The updated framework was then given to the prescribers and they were asked to test their experiences against the framework and identify any potential omissions, or lack of clarity in the statements.

To support effective implementation and practical usability, the competency framework and supporting information were given to prescribers from different professions at different levels of experience. Again this was in a focus group setting. The prescribers were then asked to use the framework and supporting materials. Their experiences of using the framework in practice were:

- incorporated into the document as ideas, tips and hints for using the framework
- collected as the basis for examples of contextualisation of the common competency framework which may be used to apply the framework to specific clinical and professional settings
- used to generate ideas for presentation of the document and linking it with existing work streams

The competency document was then circulated to the external reference group, validation and user group attendees and a wide range of other stakeholders for final comment.

7. Framework design

The competency framework (illustrated below) sets out what good prescribing looks like. There are three domains, each containing three dimensions of competency (nine in total).

Within each of the nine competency dimensions there are statements which describe the activity or outcomes prescribers should be able to demonstrate.

The Consultation

1. Knowledge
2. Options
3. Shared decision making

Prescribing effectively

4. Safe
5. Professional
6. Always improving

Prescribing in context

7. The Healthcare system
8. Information
9. Self and others
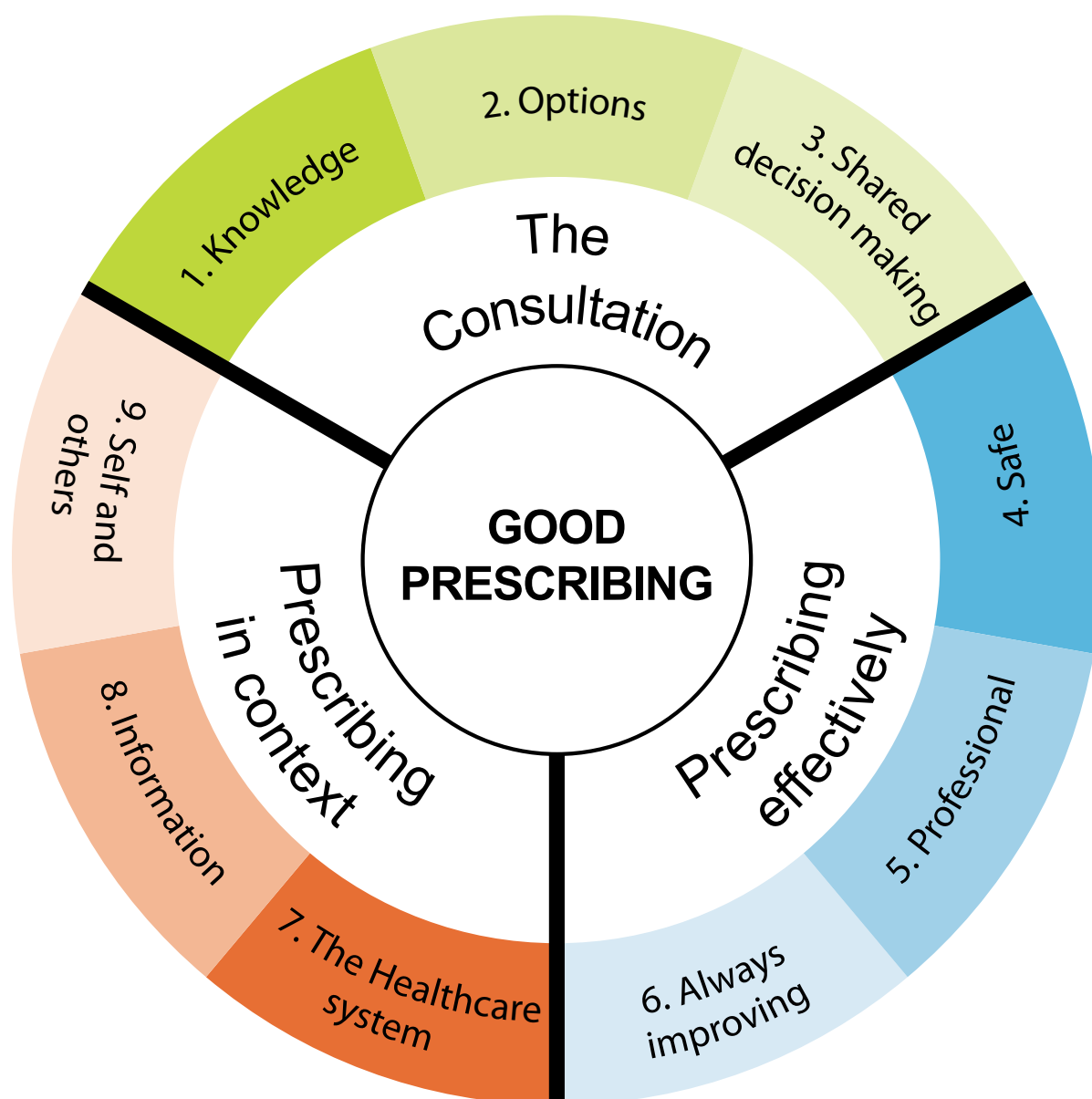
GOOD PRESCRIBING

8. The prescribing competency framework

Domain A: The consultation
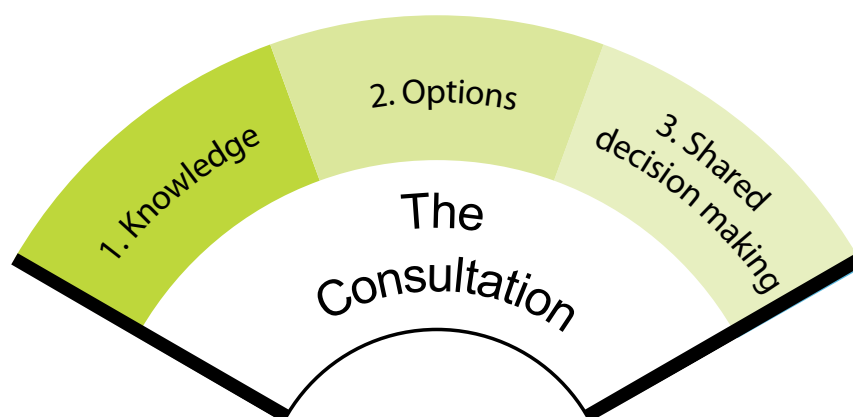
Competency 1: Knowledge
Has up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to own area of practice.

1.	Understands the conditions being treated, their natural progress and how to assess their severity.
2.	Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, identifies and assesses the desirable outcomes of treatment.
3.	Understands the mode of action and pharmacokinetics of medicines and how these mechanisms may be altered (e.g. by age, renal impairment), and how this affects treatment decisions.
4.	Understands the potential for adverse effects and how to avoid/minimise, recognise and manage them.
5.	Uses up-to-date information about relevant products (e.g. formulations, pack sizes, storage conditions, costs).
6.	Applies the principles of evidence-based practice, including clinical and cost-effectiveness.
7.	Aware of how medicines are licensed, sourced and supplied, and the implications for own prescribing.
8.	Knows how to detect and report suspected adverse drug reactions.
9.	Understands the public health issues related to medicines and their use.
10.	Appreciates the potential for misuse of medicines.
11.	Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship[1] measures.

This is an outline framework of prescribing competencies relevant to all prescribers. The statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice.

[1] *Antimicrobial stewardship* — *Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)*

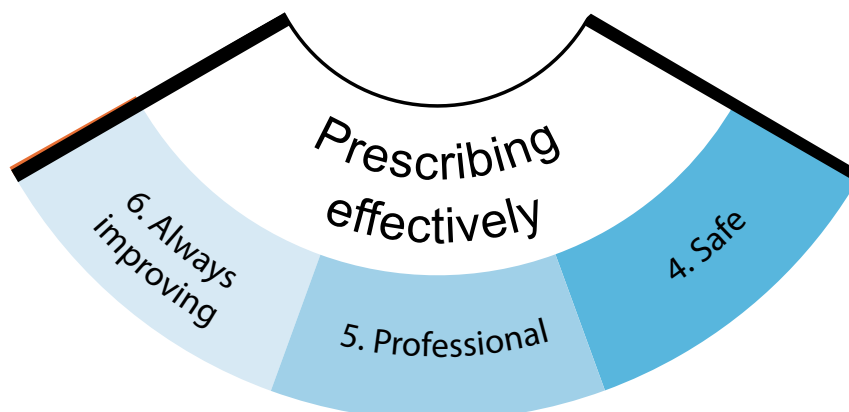| **Competency 2: Options** |
| :--- |
| *Makes or reviews a diagnosis, generates management options for the patient and follows up management.* |

12.	Takes an appropriate medical history and medication history which includes both current and previously prescribed and non-prescribed medicines, supplements and complementary remedies, and allergies and intolerances.
13.	Undertakes an appropriate clinical assessment using relevant equipment and techniques.
14.	Accesses and interprets relevant patient records to ensure knowledge of the patient's management.
15.	Makes, or understands, the working or final diagnosis by considering and systematically deciding between the various possibilities (differential diagnosis).
16.	Requests and interprets relevant investigations.
17.	Considers all treatment options including no treatment, non-pharmacological interventions and medicines usage.
18.	Assesses the effect of multiple pathologies, existing medication, allergies and contraindications on management options.
19.	Assesses the risks and benefits to the patient of taking or, not taking a medicine or treatment.
20.	Where a medicine is appropriate, identifies the different options.
21.	Establishes and maintains a plan for reviewing the therapeutic objective, discharge or end point of treatment.
22.	Ensures that the effectiveness of treatment and potential unwanted effects are monitored.
23.	Makes changes to the treatment plan in light of on-going monitoring and the patient's condition and preferences.
24.	Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/information.

Competency 3: Shared decision making (with parents, care-givers or advocates where appropriate)
Establishes a relationship based on trust and mutual respect. Recognises patients as partners in the consultation.

25.	Identifies and respects the patient's values, beliefs and expectations about medicines.
26.	Takes into account the nature of peoples' diversity when prescribing.
27.	Undertakes the consultation in an appropriate setting taking account of confidentially, dignity and respect.
28.	Adapts consultations to meet needs of different patients (e.g. for language, age, capacity, physical or sensory impairments).
29.	Deals sensitively with patients' emotions and concerns about their medicines.
30.	Creates a relationship which does not encourage the expectation that a prescription will be supplied.
31.	Explains the rationale behind and the potential risks and benefits of management options.
32.	Works with patients to make informed choices about their management and respects their right to refuse or limit treatment.
33.	Aims for an outcome of the consultation with which the patient and prescriber are satisfied.
34.	When possible, supports patients to take responsibility for their medicines and self-manage their conditions.
35.	Gives the patient clear accessible information about their medicines (e.g. what it is for, how to use it, where to get it from, possible unwanted effects).
36.	Checks patient's understanding of and commitment to their management, monitoring and follow-up.
37.	Understands the different reasons for non-adherence to medicines (practical and behavioural) and how best to support patients. Routinely assesses adherence in a non-judgemental way.

This is an outline framework of prescribing competencies relevant to all prescribers. The statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice.

Domain B: Prescribing Effectively

Competency 4: Safe
Is aware of own limitations. Does not compromise patient safety.
38. Knows the limits of their own knowledge and skill, and works within them.
39. Knows when to refer to or seek guidance from another member of the team or a specialist.
40. Only prescribes a medicine with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects (using, for example, the BNF/BNFC).
41. Accurately calculates doses and routinely checks calculations where relevant, for example for children.
42. Keeps up to date with advances in practice and emerging safety concerns related to prescribing.
43. Knows about common types of medication errors and how to prevent them.
44. Ensures confidence and competence to prescribe are maintained.
45. Makes accurate, legible and contemporaneous records and clinical notes of prescribing decisions.
46. Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).
47. Writes legible, unambiguous and complete prescriptions which meet legal requirements.

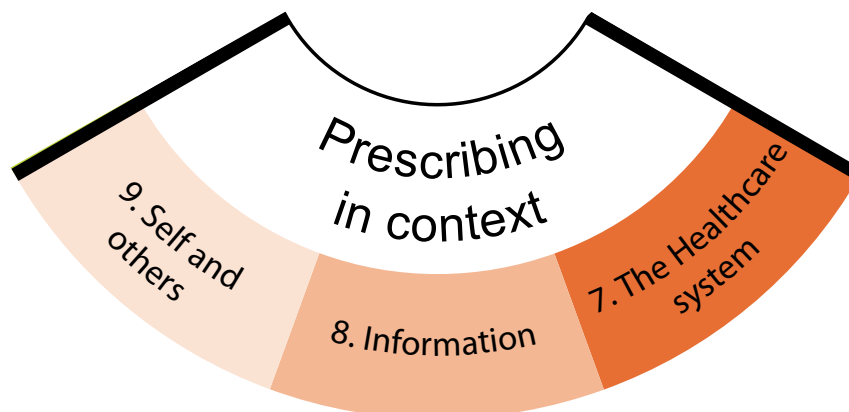| **Competency 5: Professional** |
| --- |
| *Ensures prescribing practice is consistent with scope of practice, organisational, professional and regulatory standards, guidance and codes of conduct.* |
| 48. Accepts personal responsibility for prescribing and understands the legal and ethical implications of doing so. |
| 49. Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations. |
| 50. Knows and applies legal and ethical frameworks affecting prescribing practice (e.g. misuse of drugs regulations, prescribing of unlicensed/off label medicines). |
| 51. Takes responsibility for own learning and continuing professional development. |
| 52. Maintains patient confidentiality in line with best practice and regulatory standards and contractual requirements. |

This is an outline framework of prescribing competencies relevant to all prescribers. The statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice.

Competency 6: Always improving
Actively participates in the review and development of prescribing practice to optimise patient outcomes.
53.   Learns and changes from reflecting on practice.
54.   Shares and debates own and others prescribing practice, and acts upon feedback and discussion.
55.   Acts upon colleagues' inappropriate prescribing practice using appropriate mechanisms.
56.   Understands and uses tools to improve prescribing (e.g. review of prescribing data, audit and feedback).
57.   Reports prescribing errors and near misses, reviews practice to prevent recurrence.
58.   Makes use of networks for support, reflection and learning.

This is an outline framework of prescribing competencies relevant to all prescribers. The statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice.

Domain C: Prescribing in context

Competency 7: The healthcare system
Understands and works within local and national policies, processes and systems that impact on prescribing practice. Sees how own prescribing impacts on the wider healthcare community.

59. Understands and works within local frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).

60. Understands the need to work with, or develop, safe systems and processes locally to support prescribing, for example, repeat prescribing, transfer of information about medicines.

61. Works within the NHS/organisational or other ethical code of conduct when dealing with the pharmaceutical industry.

62. Understands budgetary constraints and prioritisation processes at local and national level (health-care resources are finite).

63. Understands the national frameworks for medicines use (e.g. *NICE, SMC, AWMSG and medicines management/optimisation).

64. Prescribes generically where appropriate, practical and safe for the patient.

Competency 8: Information
Knows how to access relevant information. Can use and apply information in practice

65. Understands the advantages and limitations of different information sources available to prescribers.

66. Accesses relevant, up-to-date information using trusted evidence-based resources.

67. Regularly reviews the evidence base behind therapeutic strategies.

* NICE – National Institute for Health and Clinical Excellence
SMC – Scottish Medicines consortium
AWMSG – All Wales Medicines Strategy Group

This is an outline framework of prescribing competencies relevant to all prescribers. The statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice.

Competency 9: Self and others
Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability as a prescriber.
68. Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is developed and not compromised.
69. Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.
70. Recognises and deals with pressures that might result in inappropriate prescribing (for example, pharmaceutical industry, media, patient, colleagues).
71. Negotiates the appropriate level of support and supervision for role as a prescriber.
72. Provides support and advice to other prescribers where appropriate.

Glossary — Non-medical prescribing

Non-medical prescribing

Non-medical prescribing is prescribing by specially trained nurses, optometrists, pharmacists, physiotherapists, podiatrists and radiographers, working within their clinical competence as either independent and/or supplementary prescribers.

Independent prescribing

Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. In practice, there are TWO distinct forms of non-medical independent prescriber.

i) An independent prescriber may currently be a specially trained nurse, pharmacist or optometrist who can prescribe any licensed medicine *within their clinical competence*. Nurse and pharmacist independent prescribers can also prescribe unlicensed medicines and controlled drugs.

ii) A community practitioner nurse prescriber (CPNP), for example district nurse, health visitor or school nurse, can independently prescribe from a limited formulary called the Nurse Prescribers' Formulary for Community Practitioners, which can be found in the British National Formulary (BNF).

Supplementary prescribing

Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. Nurses, optometrists, pharmacists, physiotherapists, podiatrists and radiographers may currently train as supplementary prescribers and once qualified may prescribe any medicine within their clinical competence, according to the CMP.

The regulators of non-medical prescribers

Professional regulators are required to set standards of education, training, conduct and performance and approve education programmes that prepare healthcare professionals to prescribe. They record the qualification of prescriber on their register. The regulators are:

- Nursing and Midwifery Council (for nurses and midwives)
- General Pharmaceutical Council (for pharmacists)
- General Optical Council (for optometrists)
- Health Professions Council (for physiotherapists, podiatrists and radiographers)

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Appendix 1:
Competencies for supplementary prescribers

Supplementary prescribers require the same common competencies as independent prescribers to ensure safe and effective prescribing within the scope of their practice. The competencies for supplementary prescribers are the same as those of independent prescribers however there are several modifications and additions that reflect the unique nature of a supplementary prescribing relationship.

The modifications to the competency framework are presented in the table below and cross referenced to the statements in the prescribing framework on pages 9 – 15.

Competency domain A: THE CONSULTATION		
Competency	**Statement**	**Modification/ new statement**
Competency 2: Options	Reviews diagnosis and generates management options for the patient within the clinical management plan. Always follows up management	MODIFIED; overarching statement
	Reviews medical history and medication history which includes both current and previously prescribed and non-prescribed medicines, supplements and complementary remedies, and allergies and intolerances	MODIFIED; statement 12
	Reviews the clinical condition using relevant equipment and techniques	MODIFIED; statement 13
	Reviews the working or final diagnosis	MODIFIED; statement 15
	Where a medicine is appropriate, identifies the different options in the clinical management plan	MODIFIED; Statement 20
	Makes changes within the clinical management plan in light of on-going monitoring and the patient's condition and preferences	MODIFIED; statement 23

Competency domain B: PRESCRIBING EFFECTIVELY		
Competency 4: Safe	Knows how and when to refer back to, or seek guidance from, the independent prescriber, another member of the team or a specialist	MODIFIED; statement 39
Competency 5: Professional	Understands the scope of own prescribing responsibility in the context of a shared clinical management plan	NEW STATEMENT
	Ensures that the patient consents to be managed by a prescribing partnership	NEW STATEMENT

Competency domain C: PRESCRIBING IN CONTEXT		
Competency 7: The healthcare system	Understands the principles behind supplementary prescribing and how they are applied in practice	NEW STATEMENT
Competency 9: Self and others	Proactively negotiates with the independent prescriber to develop clinical management plans	NEW STATEMENT
	Relates to the independent prescriber as a partner	NEW STATEMENT

Appendix 2:
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Carole Napper	Clinical Specialist Physiotherapist	Royal Shrewsbury and Telford NHS Trust
Anna Nilssen	Foundation (Year Two) Doctor	Worcester Acute Trust
Sandra Prater	Clinical Pharmacist	Monkfield Medical Practice, Cambourne, Cambridge
Anne Price	Advanced Practitioner in Arthroplasty	Wrightington Hospital
Christopher Primus	Core Medicine Trainee, CT2	University College Hospital NHS Trust
Amy Ritchie	FY1 Vascular Surgery and Medical Safety Committee Representative	Worcestershire Royal Hospital
Peter Scholten	GP and Associate Medical Director	NHS Cambridgeshire
Jayesh Shah	Primary Care Pharmacist, Independent Prescriber, Director	NHS Surrey, St James Medical Practice in Croydon, iRx Soutions Ltd
Janet Sharp	Nurse Practitioner	Malling Health
Adam Shipp	FY2 doctor	Royal Liverpool and Broadgreen Trust
Duncan Shrewsbury	Academic Foundation Doctor (FY1) and Honorary Research Fellow	UHNS and University of Birmingham
Andrew Simpson	Advanced Neonatal Nurse Practitioner	Lancashire Teaching Hospital NHS Trust
Ranjena Verma	Therapy Radiographer	Cancer Centre, Mount Vernon Hospital
Ruth Walters	Advanced Nurse Practitioner	Island Health
Helen Ward	Principal Lecturer, Non-Medical Prescribing	London South Bank University